



Date Received by Inspections

**TOWN OF AMHERST
APPLICATION FOR PERMIT TO DEMOLISH**

Map # _____ Parcel # _____ Zoning District _____ Assessed Value of Structure _____

NO DEMOLITION PRIOR TO ISSUANCE OF A DEMOLITION PERMIT

1. Owner's Name _____ Tel# _____
Owner's Address _____
2. Address of Structure _____
3. Contractor's Name _____
Contractor's Address _____
4. Approximate time frame for completion after Demolition Permit has been issued _____
5. **Any known hazardous materials involved?** _____
6. Age of Structure _____
7. Purpose of Structure _____
8. Type of Construction _____
9. Size of Structure _____ x _____ Sq. Ft. _____ Number of Stories _____
10. If demolition is **part** of a building, state size of whole structure above and provide a brief description of portion to be demolished including nature and size of proposed demolition

11. Reason for demolition _____

12. Describe replacement or proposed reuse _____
13. **Include site map on reverse side and at least one photo of each side of structure to be demolished. Camera available in Inspection Services Office for anyone who does not have one.**

Signature of Property Owner: _____

*****Office Use

Only*****

Date sent to Historical Commission _____

Date approved by Historical Commission _____ Signature _____

Date emergency demolition approved under Section 13.6, Demolition Delay Bylaw, Emergency Demolition _____

Historical Commission Comments:

Date Received by Building Commissioner from Historical Commission _____

Fee \$ _____ Receipt # _____ Check # _____

**PERMIT APPLICATION MINIMUM \$30.00 FOR ANY STRUCTURE 200 SQUARE FEET OR LESS;
\$75.00 FOR ANY STRUCTURE OVER 200 SQUARE FEET**



TOWN OF AMHERST
UTILITY "SIGN OFF" REQUIRED
FOR PERMIT TO DEMOLISH

Date Received by Inspections _____

NO DEMOLITION PRIOR TO ISSUANCE OF A DEMOLITION PERMIT

Map # _____ Parcel # _____

Address of Structure _____

Structure to be demolished _____

Owner's Name _____ Tel # _____

Owner's Address _____

If contractor is different than what is listed on the Application to Demolish complete the following:

Contractor's Name _____

Contractor's Address _____

Contractor's Phone Number _____

Disposal Site _____

The authorized signatures below signify that the utilities have been removed or sealed and plugged in a safe manner.

<u>UTILITY</u>	<u>SIGNATURE</u>	<u>PHONE #</u>	<u>UTILITY</u>	<u>SIGNATURE</u>	<u>PHONE #</u>
Water	_____	<u>256-4050</u>	Electric	_____	<u>1 800 286-5000</u>
Sewer	_____	<u>256-4050</u>	Gas	_____	<u>1 413 773-5414</u>